

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3563ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/11/2010
NAME OF PROVIDER OR SUPPLIER CENTENNIAL SPINE & PAIN CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4454 NORTH DECATOR BLVD LAS VEGAS, NV 89130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 02/10/10 and finalized on 02/11/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	A 00	<p><i>Accepted 3/22/10</i></p> <p>RECEIVED MAR 17 2010 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p> <p>RECEIVED MAR 19 2010 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	
A 87 SS=A	<p>NAC 449.982 Sanitation and Housekeeping</p> <p>The administrator shall ensure that the sanitation and housekeeping staff of the center:</p> <p>1. Maintains a clean and sanitary environment in the center with particular regard for:</p> <p>(c) An effective program to control pests. This Regulation is not met as evidenced by: Based on interview and document review the facility failed to ensure there was an agreement or contract with a vendor for pest control at the facility.</p>	A 87	<p>NAC 449.982</p> <p>(c) Pest Control - The verbal agreement has been replaced with a written contract for monthly service. It will be reviewed & available for audit.</p> <p>Completed - 3-1-2010</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

166U11

TITLE

(X6) DATE 3/19

If continuation sheet 1 of 4

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A 87	Continued From page 1 Severity: 1 Scope: 1	A 87	Responsible- Debbie Ebert, RN	
A100 SS=F	NAC 449.983 Protection from Fires and Other Disasters 1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for: (g) The conduct of fires drills not less frequently than once each quarter for each shift of employees and requirements for a dated, written report and an evaluation of each drill. This Regulation is not met as evidenced by: Based on interview and document review the facility failed to ensure quarterly fire drills were conducted each quarter for the year 2009 and failed to have written reports or evaluations for all quarterly fire drills on record at the facility for the year 2009. Severity: 2 Scope: 2	A100	NAC 449.983 Fire Drills A fire drill log has been created. Safety officer will execute and record a fire drill quarterly. The first drill was conducted 3-2-2010. A fire safety policy is in place. Responsible party- Debbie Ebert, R	
A102 SS=E	NAC 449.983 Protection from Fire and Other Disaster 1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for:	A102	NAC 449.983 The Disaster Policy in place will be followed. A disaster drill rehearsal will be enacted and recorded annually. To be completed for year 2010 by 3-30-2010.	

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A102	Continued From page 2 (i)A rehearsal and a review of the plan at least once each year with a separate rehearsal for other disasters at least once each year. A written report and evaluation of each rehearsal must be on file. This Regulation is not met as evidenced by: Based on interview and document review the facility failed to conduct an annual disaster drill for the year 2009 and failed to have any written reports or evaluations of disaster drills on record at the facility. Severity: 2 Scope: 1	A102	Responsible - Debbie Ebert, RN NAC 449.9855 Personnel ALL staff has been notified a physical is to be performed and provided to Centennial Surgery Center by 3-30-2010. The CSC Medical Director will provide physicals for employees upon request or if the employee does not have a physician. Any New Hire will produce physical at date of hire as of 3-1-2010. To be completed by - 3+30-2010	
A118 SS=F	NAC 449.9855 Personnel 3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without limitation: (d) Such health records as are required by chapter 441A of NAC. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure 4 out of 7 employees had evidence of a pre-employment physical examination or certification from a licensed physician that the person was in a good state of health and free from active tuberculosis and any other communicable disease in a contagious state. (Employees # 4, #5, #6, #7) Severity: 2 Scope: 3	A118		
A171 SS=E	NAC 449.992 Pathological Services 1. Pathology services must be provided by a staff pathologist or by a pathologist used as a	A171		

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Resp - Debbie Ebert, RN

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A171	Continued From page 3 consultant by the ambulatory surgical center. The pathologist must be licensed to practice in this state. This Regulation is not met as evidenced by: Based on interview and document review the facility failed to have a contract or agreement for pathology services. Severity: 2 Scope: 2	A171	NAC 449.992 Lab The current agreement with Quest Laboratory does not indicate tissue pathology services are included. A letter of clarification has been submitted requesting a contract to specifically include pathology services. Upon receipt, the letter contract will be available for audit in the CSC office. To be completed by 3-30-2 Resp - Debbie Ebert, RN	

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